



Sent via e-mail [lionrun3@gmail.com]

MAILING DATE: June 5, 2020

Ms. Martha Bowser
Administrator
Martha's Manor, Inc.
124 Cosey Lane
Lilly, Pennsylvania 15938

RE: Martha's Manor, Inc.
Certificate #: 322940

Dear Ms. Bowser:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on January 9, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *MARTHA'S MANOR, INC.*

License Number: *32294*

Address: *124 COSEY LANE,, LILLY, PA 15938*

County: *CAMBRIA*

Region: *CENTRAL*

Administrator

Name: *Martha Bowser*

Phone: *8143303796*

Email: *LIONRUN3@GMAIL.COM*

Legal Entity

Name: *MARTHAS MANOR INC*

Address: *124 COSEY LANE, LILLY, PA, 15938*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *04/15/1999*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *18*

Waking Staff: *14*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

01/09/2020 - On-Site: Kellie Cargile, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25*

Residents Served: *17*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *12*

Are 60 Years of Age or Older: *15*

Diagnosed with Mental Illness: *5*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *1*

Have Physical Disability: *0*

25a - Written Contract and Review

Regulations

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

A resident-home contract for Resident #1, admitted 10/28/17, was not included in the resident's record.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*Prior to Admission or within 24 hours of admission, a written resident-home contract between resident and home shall be placed in residents file
Contract on resident #1 was placed in file.*

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER *2-7-20*
Printed Name and Title *ADMINISTRATOR* Date

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The above plan of correction is approved as of	<u>6/5/20</u> (Date)	Plan of correction implementation status as of	<u>6/5/20</u> (Date)
		<input checked="" type="checkbox"/> Implemented	
The above plan of correction was approved by	<u>GE</u> (Initials)	<input type="checkbox"/> Not Implemented	

51 - Criminal Background Check

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A, hired 7/9/16, did not have a criminal background check completed until 2/7/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

all direct care staff hired will have criminal background checks and hiring policies in accordance with the older adult protective services act (35 P.S. 10225.101-10225.5102) and 6 Pa. Code Chapter 15 immediately

Moving forward, Administrator will develop a system to ensure that all newly-hired staff persons complete all hiring and training requirements.

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER *2-7-20*
Printed Name and Title *ADMINISTRATOR* Date

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(Date)

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(Date)

Implemented

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(Initials)

Not Implemented

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

-Direct Care Staff Person A, hired on 7/9/16, began providing unsupervised ADL services in 2016. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 2/7/19.

-Direct Care Staff Person C, hired on 6/15/17, began providing unsupervised ADL services in 2017. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 2/12/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

all direct care staff will complete Department-approved direct care training course and pass the competency test when hired

Moving forward, Administrator will develop a system to ensure that all newly-hired staff persons complete all hiring and training requirements. Staff training needs will be addressed at the home's periodic quality management reviews.

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER ADMINISTRATOR
Printed Name and Title
Date
2-7-20

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.

Description of Violation

-Direct Care Staff Persons A, C and D did not receive training in instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan during training year 2019.

-Direct Care Staff Person C did not receive training in care for residents with dementia and cognitive impairments during training year 2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

all Direct Care staff persons will receive training in instruction on meeting the needs of the residents as described in pre admission screening form, assessment tool, medical evaluation and support plan during training year and in caring for residents with dementia and cognitive impairments (when hired and annually)

Moving forward, Administrator will develop a system to ensure that all staff persons complete all annual training requirements. Staff training needs will be addressed at the home's periodic quality management reviews.

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER 2-7-20
Printed Name and Title ADMINISTRATOR Date

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65i - Training Record

Regulations

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Staff Person B's training record of the first day orientation and training requirements that needed to be completed within 40 working hours was not included in the home's training record.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

all direct care staff shall have training dated, source of training, length of course, and copies of any certificates received (when hired and annually)

Staff training needs will be addressed at the home's periodic quality management reviews.

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER
Printed Name and Title
ADMINISTRATOR

2-7-20
Date

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85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The resident bathrooms next to the medication room on the lower level, nearest bedroom #3, did not have paper towels for hand drying.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff will be checking during day and night to ensure ^{SOAP} dispensers are filled, and have paper products. ~~SOAP~~ hand towels were replaced immediately

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER 2-7-20
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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

-Black mold was observed growing at the crack of the ceiling and wall in the lower level living area and along the baseboard in bedroom D2.

-A large, brown water stain covering portions of three ceiling tiles was observed in the lower level living area of the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Step by step process was used in removing mold using products specifically for this procedure. Entire room was cleaned walls, furniture, ionized, and painted (air SCRUBBER) as suggested by manufacture. new tiles will replace water stained tiles on ceiling

January 10, 2020 MOLD WAS REMOVED
ceiling tiles will be replaced by April 1, 2020 if not before
painting will be completed Feb 27, 2020

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER 2-7-20
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102h - Toilet Paper

Regulations

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 1/9/2020, at approximately 9:30 am, there was no toilet paper for the toilet in the bathroom next to the medication room.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff will be checking during day and night to ensure that all bathrooms have toilet paper. Toilet paper was replaced immediately

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER 2-7-20
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102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 1/9/2020, at approximately 9:40 am, there was no soap in the resident bathroom in the lower level of the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Direct Care Staff will check throughout day and night to ensure all bathrooms soap dispensers are full. immediately

Legal Entity Representative

Martha Bowers
Signature

MARTHA BOWSER *2-7-20*
Printed Name and Title ADMINISTRATOR Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 11/7/18.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*all residents files shall have medical evaluation completed annually.
MEDICAL EVALUATION was placed in residents chart immediately.*

Administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.

Legal Entity Representative

Martha Bowser
Signature

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183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 1/9/2020, Tussin DM prescribed for Resident #2, was in the home's medication cart. This medication was previously discontinued and expired in October 2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Tussin DM was discarded (immediately) We will be more vigilant in future

Administrator will conduct monthly audits of the home's medications to ensure that all medications are current.

Legal Entity Representative

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Signature

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185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

- The glucometers for Residents #3 and #4 are not calibrated to current dates and times.
- The medication administration record for Resident #5 documented a blood sugar reading of 129 on 1/7/2020 and a reading of 98 on 12/31/2019 at 9:00 am. Neither reading was on the resident's glucometer for those dates and times.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

We calibrated glucometers for Residents #3 and #4 according to current dates and times

*We have re educated staff on diabetic training the importance of recording correct readings, implementing procedures for safe storage, access, security, distribution and use of medications and medical equipment
JANUARY 10, 2020*

Administrator will audit the actual readings on each resident's glucometer as compared with the readings documented on the resident's Medication Administration Record for a period of 3 months.

Legal Entity Representative

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Signature

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- Implemented
- Not Implemented

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187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

-According to the pharmacy label on the blister pack of Resident #1's Metoprol Suc 50mg ER, he/she is to take one half-tablet or 25mg orally at 11:00 pm. Per the home's administrator, this medication has been administered daily at 3:00 pm.

-Resident #1 is prescribed Earwax removal drops with instructions to instill two drops in each ear three times per week at 9:00 am. There is no documentation to indicate that the drops were administered between 1/1/2020 and 1/9/2020.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

*Dr was ^{informed} immediately after inspectors left, metoprol Suc 50mg ER is to be administered @ 3PM. Pharmacy was informed of correct time and prescription by Dr's nurse.
Dr was contacted also about ^{earwax} removal drops which was discontinued. MAR will be properly marked discontinued in future*

Administrator will conduct monthly audits of the home's medications, physician's orders and MARs. The results of the audits will be discussed at the home's periodic quality management reviews.

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER *2-7-20*
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221c - Post Activity Calendar

Regulations

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The activity calendar that is posted is dated December 2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

a current weekly activity calendar was posted for January 2020 (JANUARY 10, 2020)

Administrator will ensure that current activity calendars are posted in a conspicuous and public place during weekly walk-throughs of the home.

Legal Entity Representative

Martha Bowser
Signature

MARTHA BOWSER 2-7-20
Printed Name and Title ADMINISTRATOR Date

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